

## SENDER: COMPLETE THIS SECTION

## COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Christy Leann Champion  
171 Cactus Drive, Box 101  
Troy, Alabama 36081

S, cm p, and. Cmp  
05-527

## A. Signature

X Sherri Myers

Agent

Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

8-3

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

## 3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

## 4. Restricted Delivery? (Extra Fee)

Yes

## 2. Article Number

(Transfer from service lab)

7003 2260 0005 4902 7292

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540